

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

5 Applicant: Meng-Chi Liou et al.

Serial No.: 10/710,887

Filing Date: 08/10/2004

Examiner: CHEN WEN YING PATTY

Art Unit: 2871

Docket No.: CPTP0002USA

10 Title: MULTI-DOMAIN VERTICAL ALIGNMENT LIQUID CRYSTAL
DISPLAY PANEL COMPRISING ALTERNATING AND PARALLEL
SLITS AND PROJECTIONS

15 To: Mail Stop 16

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

20 Subject: Status Inquiry of the Request for Refund filed on December 09, 2007

Dear Sir,

A request to refund an improper charge of US\$500 from the USPTO was filed on
25 December 09, 2007 and an official receipt was issued from the USPTO on December
28, 2007. However, the amount of US\$500 has not been refunded to the
undersigned's Deposit Account No. 50-3105 so far.

The official receipt (Attachment 1) and the refund request (Attachment 2) are
30 hereby enclosed for your quick review. Please refund US\$500 to the Deposit Account
No. 50-3105 as soon as possible. Your quick response will be much appreciated.

08/16/2010 CKHLOK 10710887
09/07/2007 CKHLOK 00000002 503105
01 FC:1462 400.00 CR
02 FC:1811 100.00 CR

Sincerely yours,

/Winston Hsu/ Date: 07/09/2010

Winston Hsu, Patent Agent No. 41,526

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10 Note: Please leave a message in my voice mail if you need to talk to me. (The time in D.C. is 12 hours behind the Taiwan time, i.e. 9 AM in D.C. = 9 PM in Taiwan.)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>8-4-10</u>		2 Serial/Patent # <u>10/710887</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
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<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue		5-307	\$ 400.00 1462
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		5-3-07	\$ 100.00 1871
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
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		7 TOTAL AMOUNT OF REFUND		\$ 500.00
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	Treasury Check		
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/>	No Fee Due (Explanation):	9 50--3105		
<i>Request for refund granted.</i>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u>/Karen Creasy/</u>		PHONE: <u>2-3208</u>		
OFFICE: <u>Petitions</u>				

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